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Honeywell's Docket No. 30-5010 (4962)  
Practitioner's Docket No. 52-001-004

RECEIVED  
AUG 04 2003  
TC 1700  
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: IWAMOTO, Nancy

Application No.: 09/543,628.

Filed: 04/05/2000

Group No.: 1712

Examiner: M. Freely

For: NOVEL POLYMER/SUBSTRATE AND POLYMER/POLYMER INTERFACES AND  
METHODS OF MODELING AND FORMING SAME

Commissioner for Patents

PO Box 1450

Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for two months:

Fee: \$400.00

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- \* deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Sandra P. Thompson, PhD

Date: July 28, 2003

(Amendment Transmittal—page 1 of 2)

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# FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col.1)	(Col.2)	(Col.3)	OTHER THAN A SMALL ENTITY		
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	
Total 16 Minus 20 = 0			x \$18 =	\$0	
Indep. 2 Minus 3 = 0			x \$84 =	\$0	
First Presentation of Multiple Dependent Claim			+ \$280 =	\$0	
			Total Addit. Fee	\$0	

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
  - \*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
  - \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

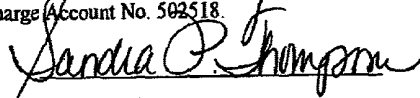
## FEE PAYMENT

5. Please charge Account No. 502518 for the Fee Payment for this Amendment.

## FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 502518.  
If any additional fee for claims is required, charge Account No. 502518.

Date: July 28, 2003

  
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